

OIL CONSERVATION DIVISION

P. O. BOX 2010

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Apollo Oil Company

Address

Box 1737, Hobbs, N.M. 88240

Person(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☒

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

Effective 10-1-85

If change of ownership give name and address of previous owner Apollo Energy, Inc., Box 5315, Hobbs, N.M. 88241

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease Fee
C. S. Caylor	4	Lovington-Aho	State, Federal or Fee	Fee
Location	Unit Letter	Feet From The	Line and	Feet From The
	F	1653	North	1558
			West	
Line of Section	To	Ship	Range	Lea
6	17S	37E	NADN	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
Texas-N.M. Pipeline Company	Box 2528, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
Phillips Petroleum Company	1160 Adams Bldg., Bartlesville, Oklahoma 74004					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Top.	Rge.	Is gas naturally compressed?	When
	F	6	17S	37E	Yes	N/A

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (N)	On Well	Un Well	New Well	Workover	Perfor.	Flow Back	Some Backfill
Date Spudded	Date Drilled	Ready to Prod.	Total Depth	PERF. D.			
Logwell as MCF, RAB, RI, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
Perforations			Depth Casing Shoe				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of lead oil and must be equal to or exceed test oilable for this depth or be for full 24 hours)

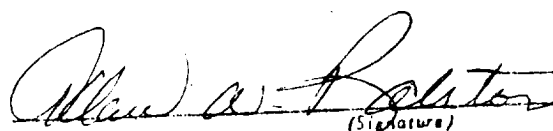
Date First New Oil Run To Tanks	Date of Test	Producing Method (pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - bbls.	Water - bbls.
		Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


(Signature)

Owner

(Title)

10-1-85

(Date)

OIL CONSERVATION DIVISION

OCT 10 1985

APPROVED _____, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

TITLE _____

This form is to be filed in compliance with RULE 11.1.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 11.1.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter or other such change of conduct. Separate Form C-104 must be filed for each pool in multi-